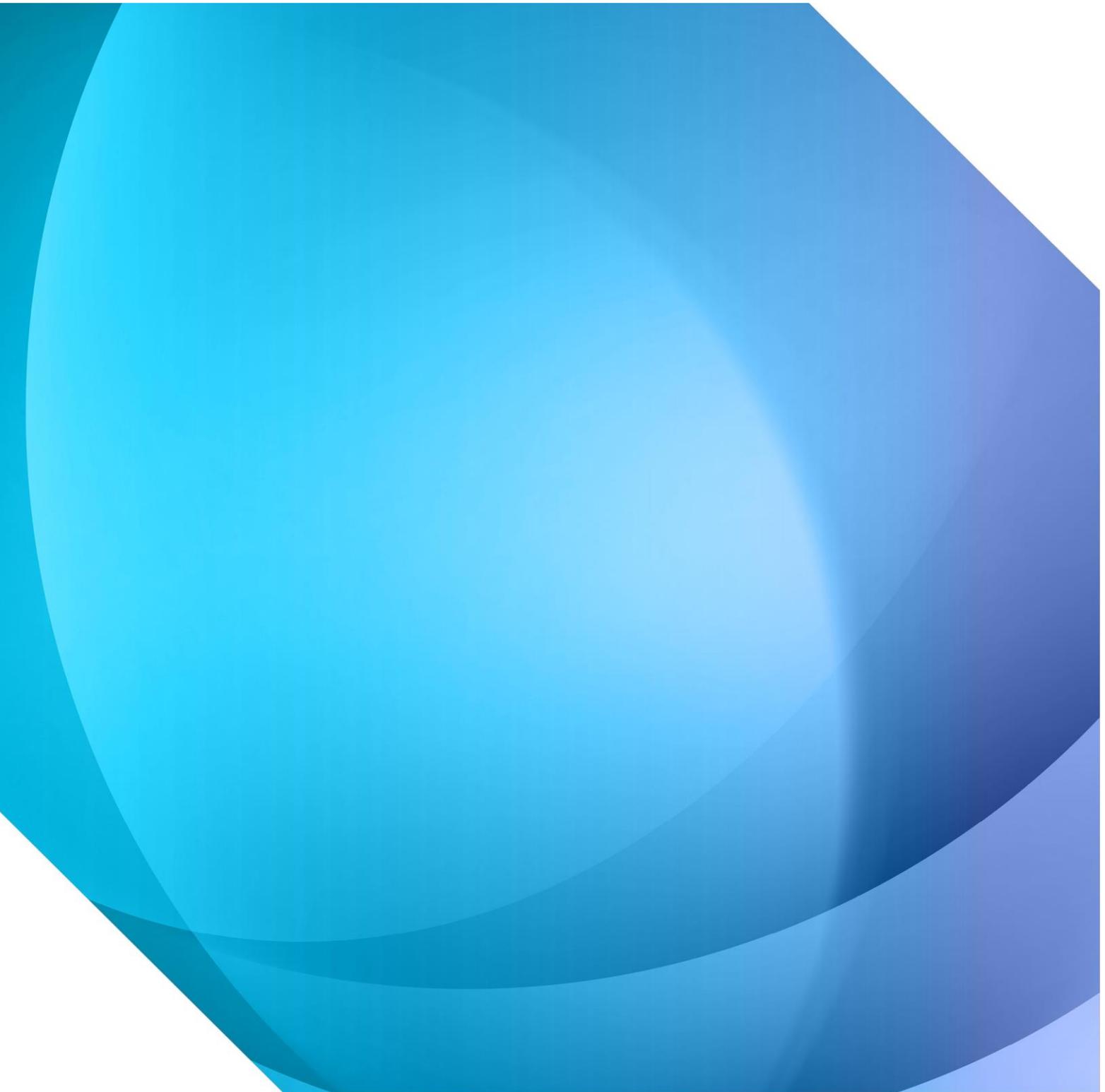


Understanding the CAA Quality Assurance Framework

CAP 2204



Published by the Civil Aviation Authority, 2021

Civil Aviation Authority
Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

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First published 2021

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The latest version of this document is available in electronic format at: www.caa.co.uk

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Prelims

The Quality Assurance Framework is applicable to aviation security training required by the UK National Aviation Security Programme (NASP). It does not cover other training such as safety or dangerous goods which are managed by different departments within the CAA. The framework is focused on the quality of training, whilst the assurances of compliant training are completed by the CAA AvSec Compliance Team.

The Quality Assurance Framework was developed with adult education professionals and industry stakeholders to produce a framework that meets the needs of industry whilst allowing the CAA to professionalise training and obtain oversight. An industry wide stakeholder consultation was completed in 2017 and the framework was launched in April 2019.

The Quality Assurance Framework is comparable to the CAA Security Management Systems (SeMS) process in that it observes how providers ensure their own quality assurance standards are met and how continuous improvement is implemented within training. The CAA have no plans at present to change how existing compliance audit activities are undertaken with respect to training. Only DfT approved aviation security syllabuses in scope fall under the Quality Assurance Framework. Whilst some of the aspects reviewed by Ofsted and Ofqual may be familiar or similar, they are nationally recognised standards which are considerably higher than those implemented by the Framework

The framework is designed around six aspects with various elements within each aspect. These aspects are fundamental to any training framework and elements focus on the implementation and quality of policies and procedures, session plans, a quality assurance strategy, and trainee data management. Elements are split into 'Critical' and 'non-critical' elements. 'Critical' elements are fundamental to any quality assurance framework and carry more weighting in the overall grade achieved.

This publication may be used to meet the Quality Assurance Framework (QAF). It provides specific information on the criteria and requirements of the framework to achieve both 'Good' and 'Outstanding' across all elements of the framework. There is also more information on how to plan for a CAA visit, timescales and expectation setting for the visit. The criteria the CAA will use to make decisions during your visit are also explained within this document to help you better understand the framework.

Where guidance references specific documents and evidence that should be presented as part of a training provider's framework; exemplars, further information, and support can be found in **CAP 2203 – Quality Guidance Manual** on the CAA website. You do not have to use the publication and it is there for guidance only. Data trends suggests that providers that have used the guidance have found it useful and gain a better overall understanding

of the framework and evidence required. The exemplars can be modified to meet your own needs. If your existing materials are fit for purpose, please do not change these unnecessarily.

The **Self-Assessment Report (SAR) form** available by contacting the CAA may also support a training provider in meeting the CAA framework requirements and criteria. Annex C & D may also support providers planning for their visit.

Please contact: avsec.qa@avsec.caa.co.uk for queries or further information.

Chapter 1 provides more information on the overall framework, registration and the visit. Chapter 2 explains each element of the framework and what is expected of you as a training provider. This is written for providers not in-scope of the framework or those planning for their first visit. If you have received your first visit, you should also review chapter 3 which explains the differences between your 1st and next visit.

The appendices contain useful information about the framework and are referenced within this publication.

Quality Guidance Manual – This publication on the CAA website provides guidance and exemplars to meet the explanations and requirements of the framework contained within this publication.

Revision history and effective pages

This is version 1 of a new publication incorporating several documents previously available on the CAA website and on request to the CAA. It provides guidance on the specifics of the CAA Aviation Security Quality Assurance Framework for aviation security training. It also provides guidance on how to meet aspects and elements of the framework and the documents that should be considered for use and submitting to demonstrate how a training provider meets the CAA framework.

The document incorporates previous written text specific to the CAA Quality Assurance Framework which was previously available in version 2 of the **Quality Guidance Manual**. **CAP 2203 Quality Guidance Manual** version 3 focuses solely on guidance and exemplars to support training providers in producing evidence to meet the framework.

In addition, this document incorporates previous documents on the CAA website of:

- Visit expectations
- Grade matrix 1st visit
- Grade matrix 2nd Visit
- PBO Guidance document
- Frequently Asked Questions (FAQs)

Chapter 1

Understanding the CAA Framework - Overview

Registration

It is a regulatory requirement that UK national aviation security training is undertaken by a registered training provider. Instructors certificated to deliver this training, must be linked to at least one training provider at all times. Where an instructor is not linked to a registered training provider they will be suspended from the CIN list until such time they inform the CAA they are linked to a provider. Appendix B provides more information on who must register as a provider.

All CAA-Registered Training Providers are required annually each April to re-register for the new Quality Assurance Framework Year. New providers will need to contact avsec.qa@avsec.caa.co.uk to register their interest. There is an annual charge for registration. Please contact the CAA for more information.

Not all syllabuses are in scope-of the Quality Assurance Framework and providers will be informed at registration and in CAA updates which training is in-scope of the framework. Providers in scope must undertake the requirements of the CAA Quality Assurance Framework. Those not in-scope are recommended to familiarise themselves with the requirements and begin planning.

Where a provider has a number of training sites, there is only a requirement to register once and undertake one visit. There must be one overarching quality assurance process in place which is the same for every site - there is no limit to the number of sites. Additionally where an entity contracts their training to a third party provider they are not required to register for the framework as this is the responsibility of the 3rd party training provider.

A Certificated Instructor may be linked to multiple providers and this must be reflected in all providers' registrations. They will not necessarily have to be involved in the CAA visit; however there will be a sampling of instructors' records and activities during the visit as part of the overarching quality assurance strategy/plan the provider has implemented. Only aviation security training under UK NASP syllabuses are covered by the Quality Assurance Framework. If you do not train any of the syllabuses covered by this (where a CIN or RoC is required) you do not need to be part of the QAF.

Any instructors who are not linked to a CAA-Registered Training Provider will not be certificated: Directed parties are required to use CAA-Registered Training Providers or entities recognised as competent only.

It is a requirement that training providers notify the CAA when their details change, an instructor requires de-linking, or new instructors joins the training provider. This can be

completed using a 'Change of Details' form on the CAA website. Where a Certificated Instructor is de-linked we will contact them to explain the process to link to another provider or suspend their CIN until such a time they link to another registered provider.

New providers – Newly registered providers will be advised if they are in-scope of the QAF. Those that are, will have 6 months to deliver at least 1 training course from a syllabus and implement their quality assurance strategy/plan. A CAA visit will then be undertaken.

Independent Instructors

This is defined as a single instructor who works alone and never works with others when delivering training designed by them.

Independent training providers are permitted to deliver training and assessment contracted by a different training provider as long as they fall under the umbrella of that provider. Where an independent instructor only ever works for other providers, they may want to consider not registering as their own provider as they will be covered by the other providers' framework that they deliver training for.

If an instructor is linked to (a) provider/s, the provider/s will take responsibility for the quality assurance activities on that instructor. During a visit from the CAA we may ask for documentation to evidence that they have been quality assured and follow all policies and practices they are in place.

It is not acceptable to ask a CAA-Registered Training Provider to link your CIN to them and have no other interaction/involvement with them. If this is discovered an investigation will take place and sanctions may be sought against both the provider and Certificated Instructor in line with the CAA malpractice policy.

Guidance for ASIO - Certificated Instructors who are only conduct training on behalf of the DfT (e.g. overseas as part of ASIO) will fall into the Quality Assurance Framework and will need to register as a provider or be linked to a CAA-Registered Training Provider.

Certain elements of the framework are not applicable to independent instructors and this is taken into account in year 1 on the **Self-Assessment Report (SAR) form** and during the CAA visit. Independent instructors are expected to meet all elements of the framework for PBO visits. The input of others such as quality assuring an independent instructor's training delivery may be required. We would recommend that you consider conducting these aspects through peer review with other instructors, friends, stakeholders etc.

Aspects and elements

The framework is split into 6 aspects containing a number of elements. Certain elements are classified as ‘critical’ –fundamental building blocks of internal quality assurance. These provide a focus for training providers new to the framework. ‘Critical’ elements are required to be graded overall as ‘Good’. ‘Non-critical’ elements can be graded ‘Requires Improvement’ and still allow a training provider to be graded ‘Good’ overall.



Overall Grades

The overall grade following a visit is defined by the number of critical and non-critical aspects graded each on the report. These will be graded as either ‘Requires Improvement’, ‘Good’ or ‘Outstanding’. Note: ‘Good with Outstanding Features’ is only awarded as an overall grade and is not part of the grading for each individual element.

Requires Improvement	One or more critical element or more than five non-critical elements ‘Require Improvement’,
Good	All critical elements are at least ‘Good’ and no more than five non-critical elements ‘Require Improvement’.
Good with Outstanding Features	No elements ‘Require Improvement’ and at least five elements are ‘Outstanding’
Outstanding	All elements are ‘Outstanding’ however a maximum of 5 non-critical elements can be Good

The overall grade achieved will determine the frequency of the next visit date. Following a year 1 visit all visits regardless of grade will receive their second visit within 12 months. The following table explains how the frequency is determined. **Appendix C&D** may support you in understanding how overall grades are calculated.

Overall grade	Year 1 visit	PBO (Year 2+) visit ¹
Requires Improvement	Actions set in critical elements - desktop review with CAA within 3 months. Following re-grade to at least 'Good' next visit will be undertaken in 12 months	Review actions and feedback provided for re-visit in 6 months
Good	Review actions and feedback provided for re-visit in 12 months	Review actions and feedback provided for re-visit in 12 months
Good with Outstanding Features	Review actions and feedback provided for re-visit in 12 months	Review actions and feedback provided for re-visit in 18 months
Outstanding	Review actions and feedback provided for re-visit in 12 months	Review actions and feedback provided for re-visit in 24 months

1st Visit providers who are graded 'Requires Improvement' will be set actions by the CAA to achieve 'Good'. They will then have three months to achieve these actions and submit evidence to the CAA for review. A new report will be produced and a revised grade provided. PBO providers will be revisited in 12 months and there is no option for a desktop review. If after a desktop review a 1st visit provider is 'Requires Improvement' the CAA may organise a meeting to discuss available options. As a last resort the CAA may require the provider to de-register from the framework until such a time that as they are able to reach at least 'Good' overall.

Syllabuses may contain mandatory conditions requiring a grade to be achieved in the QAF to continue to deliver the syllabus. Where this is the case 1st Visit providers will be given an opportunity to complete a desktop review. This will follow the same process as above for 'Requires Improvement' providers. For PBO providers who do not meet the grade required by a syllabus an additional visit will occur within 6 months. If an improved grading is not evident following a second visit, the CAA will organise a meeting to discuss further options including the removal of the syllabus from the training programme.

You may be given an indication of the overall grade at the end of your visit. This will be subject to confirmation and the CAA's internal quality assurance programme. The confirmed overall grade will follow five working days after your visit.

¹ Visits can occur earlier should concerns be raised by Compliance Auditors, the AvSec Training Team or via Whistleblowing channels.

CAA External Quality Assurers (EQAs)

The QAF focuses on the quality of training, assessment and internal processes rather than compliance to regulation. Therefore the framework uses staff who are experts in this field rather than the CAA Compliance Auditors who are experts in regulation compliance.

External Quality Assurers (EQAs) are employed by the CAA to undertake visits and they are security cleared to view official sensitive material. They are experts in their field of training and quality assurance. They all have backgrounds in adult education and training. They have also received training in aviation security terminology and have access to UK NASP Training syllabuses. CAA EQAs aim to create a supportive environment with you and will make judgements against a series of set criteria. In addition they will also give recommendations and support to you for consideration.

Visit Expectations

The CAA will assist training providers in being able to demonstrate their internal quality assurance processes in order to meet the Quality Assurance Framework. The following may support you.

Preparing for your visit

Prior to your visit your EQA will:

- contact you to discuss the remote visit and answer any questions
- ensure you have access to an email account/web based software and contact you through these accounts
- conduct a test with you to ensure that email/web based video software will be suitable to undertake the remote visit
- ask you to send evidence in advance of the visit date (if applicable)

In preparation for your remote visit, please collate the evidence you wish to present into six files. Use the **Self Assessment Report (SAR) form** as a guide to identifying evidence you need and ensure you submit your **SAR** (and quality assurance strategy/plan (PBO only)) to the CAA at least 14 calendar days before your scheduled visit.

The focus of the visit is on your overarching processes; you will only need one visit per year. During the quality assurance visit your EQA will only sample materials from syllabuses which have been updated and are in-scope – any materials relating to syllabuses due to be reviewed at a later stage will only be subject to sampling once the syllabus is in-scope. You only require one visit for all the syllabuses you deliver and the EQA will select a syllabus in scope to sample materials from.

You should plan who will attend the visit. Your instructors do not necessarily need to attend though your key staff members should be available e.g. the Quality Manager and

any other staff that you require to produce documentation and evidence processes. You are welcome to have as many people as you need for the visit.

'Live' training will not be observed/ monitored by the EQA. The EQA will be assessing the quality assurance process behind the training, not the actual training. They will be reviewing observation reports that you have completed on your instructors as part of your quality assurance strategy.

If you are a training provider with multiple sites across the country you will only require one visit as long as you have one overarching quality assurance process in use for all sites. You should consider collating documentary evidence from each site as the EQA may ask to review this to ensure each site is consistent in its approach and quality assurance is being undertaken at all sites. This does not mean you need to consider having IQAs at each site, and you may choose to send an IQA to a site in line with your quality assurance strategy/plan to undertake monitoring activities as required.

Self-Assessment Report Form (SAR)

The **Self-Assessment Report (SAR) form** should be completed by the person(s) responsible for quality assurance within your training provider. The SAR should be used to assess internal quality assurance processes and practices within your training provider to identify any gaps or improvements required. In year 1, there is no need to send any documents with the SAR form. For training providers in **phase PBO you will be required to send your quality assurance strategy/plan with your SAR**. The SAR should identify the documents (paper or electronic) that will be available for review at the quality assurance visit. The SAR must be submitted to the CAA at least **14 calendar days** prior to the scheduled visit. Failure to complete this action could lead to cancellation of the visit and charges incurred. The CAA will contact you to discuss the circumstances and may suggest cancelling the visit.

Please provide as much detail as possible on the form to assist the EQA in understanding how the documentary evidence meets the framework. PBO visits also require a reflection on strengths and areas for improvement. The EQA will use your SAR to request documentation and begin discussions during your visit. It will allow them to understand your provider in advance of meeting you and which grades you have assessed as achieving. It also allows you to understand your own strengths and weaknesses prior to the visit and ensure critical areas meet at least 'good'.

Guidance - Training providers must ensure they plan in advance to complete the SAR as it may take time to complete the report and identify the evidence that is required for the visit.

Independent training providers may find some of the elements are not applicable to their training. For your 1st visit there may be an option to tick 'not applicable' and can be left blank. All other aspects are applicable to all providers and regardless of the size of the provider it is expected that you can meet the other elements. For PBO, the criteria allows for all providers regardless of their size and number of instructors to meet every aspect. There is no option to tick 'not applicable' and you should endeavour to meet all elements of the framework. If this is not possible please contact the CAA prior to your visit.

There may be elements of the framework that you do not have evidence for. As long as it is not a critical element you can still reach 'good' overall. We do not expect every provider to meet 'good' or above in every element. Please be honest and tell us if you are unable to meet certain criteria. It is likely you may be able to meet this but may need more information to help you understand what the criteria is assessing. You may find during completion of your self-assessment that you find a large variation in grades. This is normal and there may be a large number of elements that many providers will easily meet or exceed but there are also likely to be some where you will need to consider additional work to meet the requirements.

Guidance - A 'Requires Improvement' in a critical aspect of the framework will mean that 'Good' or above cannot be reached. You should consider if you can produce additional information to reach 'Good' in a critical aspect, or re-schedule your visit.

Presenting information

The (EQA) will need to see documentary evidence of how the training provider meets each element of the QAF. Whilst they will discuss elements, they will require verbal conversations to be backed up with documentary evidence such as:

- electronic word documents
- paper documents
- a folder containing all documents
- process maps
- images
- dairy entries
- note books
- scanned files
- recorded audio of meeting.

Guidance - It is acknowledged that the format of the documentary evidence will depend on your own practices, preference, size and scale of operation.

Visit timings

The EQA will manage the visit and the time spent on each aspect. They will, where necessary move onto another aspect with the intention of coming back to an explored aspect if evidence is unavailable or requires time to locate. The aim of the visit is to reach a baseline of 'Good' for all training providers. The EQA will focus on 'Good'. If whilst reviewing documentation they identify 'Outstanding' they will acknowledge this. Otherwise if time permits, they will go back over the form and review areas where 'Outstanding' can be achieved.

Introductions

The EQA will plan for 15 minutes at the start of the visit to lead introductions including who everyone is, the purpose of the visit and how it will be structured. You are welcome to provide the EQA with an introduction to you and your training provider, however please ensure this is no more than 10 minutes in duration as this will impact on how long the EQA can spend on reviewing your evidence.

Providing documented evidence

The EQA will review documentary evidence. Whilst verbal evidence will support this, there must be documentary evidence to support this. This is to ensure a standard approach across all EQAs and training providers. Where you cannot provide documentary evidence, be honest so that the EQA can support you in creating this. It may be that this evidence can be produced during the visit. You are welcome to use pictures of documentation, forms, email chains, meeting notes, minutes, diary notes etc. to provide documentary evidence.

Focus on the 'Good' and critical elements

We do not expect everyone to be 'Outstanding'. The critical elements are the most important aspects and fundamental to the framework - focusing on these first will ensure you reach at least 'Good'. Trends have identified that those who aim for 'Outstanding' may miss vital elements of the framework required to meet 'Good'.

Data Protection

- Please refer to the **Quality Assurance Framework Policies** on the CAA website and follow your own company internal data protection policies and procedures.
- All documentation received from you will be deleted within a week of the visit.
- Trainee data can be sent via email/shared by web based video software as it should not contain personal information.

If there are concerns over data protection please contact avsec.qa@avsec.caa.co.uk before opening or sending documents.

Chapter 2

Understanding the CAA Framework – 1st Visit

1st Visit

This section relates to training providers who are new, not in-scope, or awaiting their 1st visit. It should also act as reference for providers who have undertaken their 1st visit and are using feedback provided by their EQA to review their framework, or preparing for their PBO visit in conjunction with Chapter 3 of this document. PBO providers should be aware that element reference numbers in this chapter may differ for PBO.

Please contact the CAA for the QAF 1st Visit Self-Assessment Report (SAR) Form

This chapter will focus on each element of the CAA Quality Assurance Framework and identify evidence and documents that will meet each element of the framework. For further guidance on designing and creating documents and exemplars you may re-produce please refer to the **Quality Guidance Manual** on the CAA website.

Appendix c – This may be useful to support in the criteria for meeting 1st year visits and understand how your overall grade is achieved.

Aspect 1.1 Management and Governance

This aspect focuses on your responsibilities as a training provider.

1.1a - Roles and responsibilities of the training team

This element must establish clearly the staffing structure of those managing and delivering training. You must clearly state the staff members that undertake the roles of the Quality Manager, Internal Quality Assurer, Assessor, Instructor and Administrator. One member of staff is permitted to have more than one role however an instructor/assessor cannot act as the IQA for quality assuring their own work. There should be one Quality Manager who has overall responsibility for your training provider. The responsibilities of each role must be clearly identified.

To achieve 'Good' in this element there must be documentary evidence detailing all roles/responsibilities. To achieve 'Outstanding, additionally job descriptions must be defined for all training staff.

1.1b - Documented policies (critical element)

This element requires policies that are legal requirements for governance of any organisation to be present for:

- equality;
- health and safety;
- complaints; malpractice;
- appeals against assessment decisions;
- data protection.

A policy is an overarching aim or expectation for dealing with a specific area and may be only one or two sentences applicable to training. Policies do not have to have the exact title shown above, providing it can be clearly related. For example, if the policy is called *'Health, Safety and Security'* or *'Our Employee Health, Safety and Welfare Statement'* this would be acceptable. Policies may be contained in an employee handbook, on an organisation website, or a separate document. Your organisational may restrict what can be called a policy. This is not an issue, providing there is reference to a policy related statement that is clear and related to each of the areas specified. It could be called an aim, a statement of intent, training values, a protocol etc.

To achieve 'Good' in this element all policies must be present. To achieve 'Outstanding, additionally they should be reviewed regularly (as a minimum every 2 years) and evidence proves all stakeholders are aware of the policies. (Stakeholders include trainees, all training staff, clients, customers, HR, managers etc.).

1.1c - Documented procedures (critical element)

This element refers to the step by step process that is implemented when issues in training arise. A procedure may already exist, and if this specifically applies to the training course and is fit for purpose, you do not need to create new procedures. They may be included within organisation policies and are acceptable if they are sufficiently detailed that there is a step by step process. This should refer to timescales, and references to documentation and record keeping.

To achieve 'Good' in this element all procedures for the listed policies in element 1.1b above must be present. To achieve 'Outstanding, additionally they should be reviewed regularly (as a minimum every 2 years) and evidence proves all stakeholders are aware of the procedures. (Stakeholders include trainees, all training staff, clients, customers, HR, managers etc.).

Quality Guidance Manual – Exemplars include job descriptions for each required role, and policies and procedures covering all required documents are available to copy and amend as required.

Aspect 1.2 Training and Assessment Materials

This aspect focuses on your training programme structure, marketing, design and course materials.

1.2a - Overview of training programme

This element refers to the marketing of your training programme/courses. For independent and commercial training providers this may be promotional material such as websites, leaflets, brochures etc. For internal training providers this could be information sent to HR, line managers or staff. For example staff may be informed at the beginning of your recurrent training season/year what their recurrent training will look like. This is different to joining instructions which are more specific about their course and sent closer to the date of their training. The overview of the training programme should contain the course duration, key aims, and how training is delivered and assessed.

To achieve 'Good' in this element there must be a basic programme overview in place provided to all stakeholders. (Stakeholders include trainees, all training staff, clients, customers, HR, managers etc.). To achieve 'Outstanding', materials must be sufficiently detailed and reviewed regularly.

1.2b - Programme aims and session plans (critical element)

This element requires evidence of sessions plans (also known as lesson plans) and must be linked to the aims and learning outcomes of syllabuses. Session plans must show how a variety of instructional techniques are applied across the training course. (E.g. slides, activities, flip chart, presentations, group activities, Q&A). They must also show that consideration has been given to individual trainee support needs. There are many different templates and formats for a session plan. The session plan exemplar in the Quality Guidance Manual may be used, or alternatively there are many examples available on the internet.

Slides - Slide notes are not acceptable as an alternative to session plans.

To achieve 'Good' in this element you must have detailed and well-structured session plans. To achieve 'Outstanding, additionally session plans must be reviewed and engagement with the CAA/DfT evidenced. This can be on any elements of a training syllabus including areas that require development and where good training practices and outcomes have been supported. This can be evidenced through emails providing feedback on consultations, briefing notes, conversations, or attendance at working groups.

1.2c - Accessibility of Training and Assessment Materials (critical element)

This element focuses on ensuring that training and assessment materials are suitable for all trainees regardless of additional training support needs. (E.g. Dyslexia) As minimum, evidence must demonstrate that either your own accessibility principles or those in the **Quality Guidance Manual** have been adopted. This can also be achieved through incorporating your accessibility principles into a document shared with those developing materials or using agreed principles when under taking quality assurance and review. A proactive approach to support needs is encouraged and this could include the offering of readers/scribes in advance of training, pre-prepared materials on coloured paper/overlays or in other languages, dictionaries, and resources designed specifically to support those who may need them.

To achieve 'Good', evidence must show that thought has been given to support those with additional training needs. You could also provide evidence of materials that have been adapted and demonstrate how and why they were adapted in the way evidenced. To achieve 'Outstanding' you must also demonstrate a proactive approach to support accessibility of training and assessment.

1.2d - File management

This element explores the requirements to store training materials securely, with only required staff having access and for any redundant materials to be disposed of. Official-sensitive materials must be protected in line with their restrictive marking and there should be an implemented version control process for documentation and resources. Good file management would include a clear folder structure and file naming conventions that support easy access. To demonstrate how materials are disposed of securely, there will be a defined, written procedure for disposal of data and information. This could be a written procedure, flow chart, contracts with disposal companies, images or a discussion at a meeting with written minutes.

To achieve 'Good' you must be able to demonstrate good file management and storage of documents. To achieve 'Outstanding,' in addition there must be evidence of version control.

Quality Guidance Manual – Exemplars include session plan templates. These can be copied and amended as required. There is also additional guidance on principles for producing good training and assessment materials that are inclusive for all trainees and support those with additional training needs.

Aspect 2.1 Physical Resources

This aspect focuses on your physical training aids, your staff and their competence, how you recruit new staff and continuously develop your training team.

2.1a - Appropriate Physical Resources

Resources such as technology and training aids (e.g. inert firearms projectors etc.) for delivery and assessment are covered in this element. A list of resources, categorised by type would be suitable to demonstrate this. Additionally, evidence of audits undertaken on resources to ensure they are fit for purpose, present and meet health and safety requirements is encouraged. Evidence of forward planning will ensure that resources are available in good time for any future courses and may be evidenced through a proposal, minutes of meetings, or action plans.

To achieve 'Good' you must have documented evidence of all your physical resources. To achieve 'Outstanding', resources must be audited and future planning evidenced.

2.1b - Sufficient occupationally knowledgeable staff (critical element)

This element focuses on staffing within the training department. It is expected that there are details of staff that hold a CIN or RoC. There should be training records for all instructors and assessors and as a minimum their training record should include details of recurrent training; CTC expiry²; other qualifications and their expiry. It is encouraged that all instructors have completed an Instructional Techniques course and formal or informal training for assessors and IQA staff is completed as good practice. This could be through a nationally recognised qualification similar to the AET award, or informally through in-house training provided by a person with experience of the subject matter. A proposal to leadership teams/other staff requesting additional staff resource, a staff analysis, or a plan of the training courses for the year and staffing numbers needed to achieve the plan would demonstrate forward planning of staffing resource

To achieve 'Good', there must be evidence for all CIN/RoC sampled at random by the EQA and that all instructors are linked to your training provider. To achieve 'Outstanding', all instructors/assessors must hold an AET Level 3 or equivalent CAA approved qualification/in-house instructional techniques qualification.

Grandfather rights – if held by an instructor before December 2017 in place of an instructional techniques qualification this would not meet the criteria for 'Outstanding'.

² From January 2022, CTC is referred to as an 'Enhanced Background Check' this includes the current background check and either an Accreditation Check (AC), CTC or other approved vetting clearance approved by the CAA.

Demonstrating other staff qualifications including assessor and IQA training, and staff resourcing plans are also required to achieve 'Outstanding'.

Guest Instructors/presenters - Any person who conducts training must be occupationally competent. It is expected that any guest presenters you use as part of your training have documentation to show their occupational competence. This could be in the form of a CV, letter displaying competence or certificates.

2.1c - Induction of new and transferring AvSec training staff

Evidence in this element should show a procedure of how the induction of new staff is undertaken. Where no new staff have been inducted, a plan of how this will be undertaken in the future should be available. As a minimum it is expected that an outline of how new staff are supported in the initial phases is evident. An induction checklist could be used as the basis for planning your induction programme.

Where an independent instructor never uses another instructor or assessor there is no requirement to complete this element (year 1 only). Independent instructors should tick '*not applicable*'. This element will not be assessed or included in your overall grade. However, if at any time an instructor or assessor were to be linked to your training provider there would be an expectation that induction of this individual is completed. This could be evidenced through minutes of a meeting where an explanation of policies, procedures and training standards are explained.

To achieve 'Good' there must be an induction process evidenced for new instructors/training staff. To achieve 'Outstanding', additionally evidence must demonstrate how individual support and development has been provided to new instructors/assessors and where needed, developmental action plans have been implemented for new staff.

2.1d - Annual Continuing Professional Development (CPD) for all staff (critical element)

This element focuses on how relevant staff remain occupationally competent and current in both their AvSec subject matter areas and their competence as an instructor and/or assessor. There are numerous activities that would meet CPD requirements.

CPD for non-active CINs - If an instructor is not intending to deliver training over the next year you should consider de-linking them from your CAA-Registered Training Provider. If they will deliver training at some point over the next year they should be undertaking CPD. The only exceptions to this would be individuals on maternity/paternity leave/ furlough/ long term sickness etc.

The evidence for this element could be detailed using a variety of evidence such as:

- training records;
- minutes of meetings;
- presentation materials;
- blogs;
- updated training materials and session plans;
- Learning Management Systems (LMS)
- CPD record

A CPD record is a good way to keep a log of all CPD activities conducted and how it has developed the individual. A reflective summary through a diary entry may also be useful for those who wish to evidence CPD by keeping a reflective self-analysis of the CPD they have undertaken.

Planning CPD - Whilst the CAA has previously provided CPD provisions, all instructors should actively peruse their own CPD. You may identify areas where you would like more understanding. How do you plan to fill this gap? How do you encourage instructors who are passionate? Do your instructors attend exhibitions to gain up to date information? Do they attend college courses? Do they conduct research on the internet to produce more effective training?

To achieve 'Good' each individual must undertake at least one occupational competency CPD activity per annum. To gain 'Outstanding', each instructor/assessor should also undertake at least one CPD activity focusing on their instructor/assessor techniques and there should be a CPD year plan in place identifying what CPD will be covered over the next year. This should be based on the needs of staff members and the organisation.

Quality Guidance Manual – Exemplars include a new staff induction checklist and CPD record. These can be copied and amended as required. There is also additional guidance on physical resources and undertaking CPD.

Aspect 2.2 Internal Monitoring and Self-Assessment

This aspect focuses on internal quality assurance. It looks at how you plan to undertake quality assurance, what quality assurance is undertaken and how this is documented. The aspect also focuses on feedback and the analysis of feedback and how consistency between staff is achieved through monitoring and standardisation.

2.2a - Quality assurance strategy (critical element).

A document for this element must explain how training is quality assured to ensure the trainee receives the best possible experience during their training journey and the syllabuses are followed correctly. There must also be evidence available to demonstrate that you are following your plan. The **Quality Guidance Manual** has a checklist and questions to assist in producing the key principles of a quality assurance strategy/plan.

Your **SAR** form and your visit are recommended to be undertaken once a training course for a new syllabus is completed. This is to ensure that evidence of how the quality assurance process described in your quality assurance strategy have been applied. There is only a need to implement a quality assurance strategy for syllabuses which are in scope of the QAF.

Aircrew Syllabus - only the DfT AvSec syllabus is covered by the QAF, however you may see benefits in applying this to all areas of your training programme.

To achieve 'Good' in this element there must be a quality assurance strategy/plan in place with evidence of its implementation detailing how, when and who by quality assurance is undertaken on:

- training and assessment materials,
- feedback
- observations on training delivery
- monitoring of decisions made during assessments.

To achieve 'Outstanding' there must be evidence of how quality assurance feeds into the improvement of training. This could be through actions, records of changes made or evidence of how courses have been amended based on internal quality assurance.

2.2b - Progress check (formative assessment) of trainees

This element focuses on the arrangements in place to monitor trainee progress using formative assessment. Formative assessment is whereby you have identified key milestone points with training that a trainee's learning should be at. (E.g. by lunchtime on day 2 all trainees should know who poses a threat to aviation). A form of assessment would be used to check this and as a result of the assessment, the training plan may need adapting for an individual or group to support their training.

To achieve 'Good' in this element you must be able to demonstrate how formative assessment is undertaken and how feedback from this is recorded. In addition there should be evidence of how the results of feedback have changed the training. For example if all trainees are identified as not understanding a concept, has the course been changed to use different instructional techniques to support trainees?

'Outstanding' is achieved by also demonstrating through session planning where suitable formative assessment is undertaken. For example after a key piece of content, prior to the start of training each morning or following a break.

2.2c – Quality Assurance of training and assessment materials (critical element)

This element refers to any materials used during the course such as slides, handouts, activities, as well as written assessments and practical assessment briefs. It is expected that these are clear and logically in structure, and aligned to syllabus learning outcomes. Evidence of quality assurance activities should identify that learning outcomes have been met although they do not need to be stated. It should be possible for your EQA to see from the content that they are clearly met. The content and language should be monitored to be appropriate to the level and specific needs of the trainee and all training materials support learning.

Guidance - When quality assuring slide presentations it should be checked that there are not too many slides, no activities other than slides or slides contain so much detail that they are effectively handouts or instructor notes.

Assessments should be quality assured to check they use best practice guidelines and the syllabus assessment strategy in terms of type and number of questions for each learning outcome. For practical assessments, materials are recommended to be checked to ensure they show that tasks and standards are clear. This may be through a trainee or instructor written brief or assessment checklist.

You should be able to show how the quality assurance of training and assessment materials are undertaken, including any sampling strategies in place to ensure they are valid, technically correct and meet requirements. This information should be in your quality assurance strategy. The **Quality Guidance Manual** has templates to document quality assurance conducted on training and assessment materials which can be used. Alternatively you may keep records using your own methods if this works for you.

To achieve 'Good' in this element you must have training and assessment materials which are well structured and developed. There should also be sampling of materials undertaken. To achieve Outstanding, additionally training and assessment materials must be evidenced as being quality assured in line with your quality assurance strategy/plan. There must also be a review of the findings of quality assurance activities such as through a review meeting/ action plan or report and formal or informal training is in place for staff

conducting sampling. This may be through a UK national qualification or training delivered by an individual with knowledge and experience of sampling for the purpose of undertaking quality assurance.

2.2d - Standardisation

Where more than one assessor is making assessment decisions, procedures should be in place to ensure fair and consistent decisions to the agreed standards are maintained. Standardisation may involve a documented discussion of the mark scheme to ensure it is clear and not open to interpretation. There may have been sample answers or some papers may have been double marked. The same may apply to practical assessments so there will be evidence of two assessment records being completed and a discussion between the assessors to confirm the standard. Evidence should show which assessors have been involved. Evidence for this section could utilise standardisation meeting agendas, minutes and action plans. It may also include forms that guide assessors to make consistent decisions.

To achieve 'Good' there must be evidence that standardisation is being undertaken. For 'Outstanding' all assessors must be included and there should be training in place for those facilitating standardisation meetings. This could be formal through a recognised IQA qualification or informal delivered by someone within your organisation who has experience in this area.

Guidance - Where only one assessor makes decisions, there is no requirement to complete this element. (1st visit only) However, if more than one individual makes assessment decisions (conducts assessment of written or practical assessments) standardisation must take place and this element must be completed as part of your Quality Assurance Framework.

2.2e - Quality assurance of training delivery and assessment decisions (critical element)

This element refers to your approach in conducting quality assurance of both training and assessments being delivered. You should consider what arrangements are in place to observe instructors delivering training in the classroom and in operational settings, as well as when assessors conduct assessments. In the Quality Guidance Manual there is a template that could be used for this purpose. You may have your own forms for this purpose; however it must meet the contents of the template provided as a minimum. Your quality assurance strategy/plan will indicate how often observations will take place and after a training course is completed there will be evidence to show that sessions have been observed. This should include detailed feedback to the instructor/assessor on what they did well and areas for development. This may also include a development plan, recommendations for improvement, or future CPD.

Guidance - When completing IQA forms, the audience is the assessor. It is expected that they receive constructive feedback in relation to the judgements that have made by those carrying out the quality assurance activity.

There should also be evidence of how quality assurance of written assessment papers and practical assessments (where applicable) is undertaken once completed and marked. This is to ensure that the marking is as agreed at standardisation and all trainees have been treated fairly. Your quality assurance strategy will indicate how many assessments will be sampled.

To achieve 'Good' in this element, there must be evidence of quality assurance undertaken on training delivery and written assessment decisions with detailed feedback to instructors/assessors as required. To achieve 'Outstanding', additionally there must be evidence of a review of findings such as actions or development plans for instructors/assessors or minutes of review meetings. There must also be quality assurance undertaken on practical assessment decisions made by assessors, and training in place for those undertaking quality assurance. This can be through a UK nationally recognised qualification or informally by a person who has knowledge and experience of quality assurance and designs and delivers training to the IQA/s.

2.2f - Quality assurance of CBT including remote training

Where you use CBT (including remote training) packages that have been designed and maintained in house (e.g. which are not contracted from another training provider/CBT company), please also complete this element of the framework – this could be for 6 x 6 training or any other computer based element utilised. CBT training is subject to the same quality assurance activities as other training delivered. This is to ensure it is current and is an appropriate learning tool for the course.

To achieve 'Good', your quality assurance strategy must show how quality assurance undertaken and may use the same or amended templates provided for quality assuring training and assessment materials. To gain 'Outstanding', any documentation which demonstrates a review has taken place is acceptable. For example, there may have been a meeting with minutes or notes of the meeting where quality was discussed. It may also be in the form of an email or report from the member of staff who completed the quality assurance. A new version of a CBT course could be shown as evidence that a review has been undertaken.

NXCT - The National X-ray Competency Test (NXCT) is not include within the Quality Assurance Framework as this is a nationally recognised test contracted by the DfT.

2.2g - Course review and evaluation (critical element)

This refers to the overall course review – how feedback is gathered with regards to the quality of the course and areas for improvement are identified. Your quality assurance strategy/plan must explain how feedback from trainees, instructors, assessors, managers, clients etc. are collected and reviewed to ensure training still meets its aims and objectives.

To achieve 'Good' in this element there should be evidence of feedback sought from various stakeholders which is analysed. To achieve 'Outstanding' additional evidence should show that the method of feedback has been considered. For example trainees complete an online survey but feedback from the client is collected during a review meeting. In addition evidence must show how the feedback analysed has improved the training through actions, a quality improvement plan or evidence of changes made related to the feedback received.

Quality Guidance Manual – Exemplars include a check list and question set to support you in producing a quality assurance strategy/plan and a range of documents to consider using or adapting to undertake quality assurance activities. There is also guidance on quality assurance, feedback and standardisation. There is also guidance on providing feedback and setting actions to improve training.

Aspect 3.1 Learner Tracking and Data Management

This aspect focuses on how trainees are tracked during their training journey from recruitment through to successful completion of assessment and their training course. This includes joining instructions and course induction, as well as identifying any support needs trainees may have. This aspect also focuses on success trends and analysis of assessment fails and complaints or appeals.

3.1a - Documented trainee records

You should show documentary evidence of how training records are organised and detailed. This must meet regulatory requirements of the NASP and should already be implemented as part of your compliance activities. Rather than focus on training compliance, you should focus on the quality and detail of training records and how information is recorded. A template is available in the Quality Guidance Manual that can be used for this purpose. Evidence to demonstrate this will be graded as 'Good'. To gain 'Outstanding' in this element, additionally there should be analysis of overall course pass and fail rates to identify any trends or interventions required.

3.1b - Joining instructions and induction of trainees

This element focuses on the information trainees are given prior to attending a training course with regards to preparing them and setting expectations? In the **Quality Guidance Manual** minimum expectations are provided for the information that should be included. You may provide more detail and it is not specified how this information must be provided. It may be sent to a trainee's employer (your client) to be forwarded or sent directly to the trainee by email, post, phone or via a pre-employment presentation.

Once the trainees have started training, evidence should show how they are inducted to the training course, how they understand the training environment and the expectations of them. Evidence may be through a trainee handbook, slides or handouts. There should also be evidence such as a trainee checklist or a registration form where trainees can sign to declare they understand the induction they have received. For training courses of more than 3 days (such as GSO) there may be an induction programme that spreads over all days, incorporated within other training activities and so a timetable, course agenda or session plans may demonstrate this. For short courses, the induction may be part of pre-course materials and activities which has been forwarded to trainees in advance.

Providing evidence of the above will allow 'Good' to be achieved in this element. For 'Outstanding' evidence must show how joining instructions have been reviewed and improved following course evaluation.

3.1c - Diagnostic assessment (critical element)

This element focuses on procedures for identifying the support needs trainees may have that may require reasonable adjustments to training, such as dyslexia, dyspraxia, English as a second language, past experience etc. Diagnostic assessment may be undertaken in advance of training and also when a trainee starts their training course.

You should collect information in advance of training using a pre-course questionnaire. If working directly with the client it may be that there is no need for a form as a request is made to the client to send details from their HR department. They may send the information to you in the form of a spreadsheet or in an email. Alternatively, the client could be asked to send the form to the trainee in advance with details of an email address to which they can send the completed form.

To achieve 'Good' in this element self-declaration forms should be sent in advance of training and actions taken on any returned forms. It is likely that trainees may not complete the forms correctly, or may not wish to provide personal information. This is fine and the requirements for 'Good' focus on what you can do as a training provider in sending out self-assessment forms.

Purpose of this element – A statement on joining instructions asking trainees to contact you about support needs and requirements is not deemed acceptable to meet 'Good'. A proactive approach must be taken by the training provider through a self-declaration questionnaire.

To gain 'outstanding evidence of how trainee needs are confirmed through a diagnostic activity are also required. This could be evidenced in your training materials, session plans or trainee records. A diagnostic activity usually forms part of the induction and may take the form of an ice breaker activity. For example; trainees could be asked to read some text which is followed by a group discussion. This activity may allow the instructor to determine trainees who require more time to read an article, who understands the text, who speak English as a second language, or those that are quieter in the class and may need more encouragement to participate. The outcome of any diagnostic activity will be recorded on the session plans for each course to reflect the specific cohort. In addition evidence should demonstrate that a process for identifying and supporting trainees with support needs is implemented, reviewed and liaison with HR (if necessary) is completed.

It should be noted that whilst trainees may receive a medical assessment prior to starting training from a qualified doctor to ensure they are able to undertake the job role they are employed to do; the medical may not take into account classroom training. Therefore whilst a person may be able to do their job role to a high standard, they may have support needs in a classroom environment which may be unfamiliar to them or require different skills to their job role. Therefore a self-declaration should always be sent to trainees to ask them about any needs they may have for classroom training.

Purpose of this element – This element focuses on ensuring all trainees have the support they need and have the ability to receive the correct training and assessment which is fair for all. The CAA does not expect you to diagnose specific needs and this should only be undertaken by a doctor or professional. You should focus on the support you can give within the boundaries of your role as a training provider and ensure that everyone is supported to achieve during training.

3.1d - Trainee tracking

Ensuring instructors identify the progress of trainee knowledge, skills and learning is fundamental in trainee tracking and this also applies for later confirmation that a trainee has received the correct training for the job role they complete. There should already be a system of tracking trainee progress and this may be a simple form or course register for small numbers of trainees, or a more complex system such as a database for larger cohorts. Do not change the system you use if it is fit for purpose. An example of where tracking may take place is during on-job-training to ensure all trainees complete all security roles whilst supervised and are deemed competent.

To achieve 'Good', evidence of tracking of trainee progress must be evidenced. To achieve 'Outstanding', additionally there should be an enhanced system to support tracking. This could be a learning management system or a series of linked spreadsheets that auto-highlight a trainee who is missing modules, or require re-sits etc.

3.1e - Records of feedback provided to trainees

This element focuses on the review of evidence demonstrating how you provide feedback to trainees after summative assessments. When feedback is provided to a trainee it should be documented, however this does not mean that all trainees will receive feedback and where feedback is given this does not need to be an onerous or over detailed. For example you may use a form that throughout training highlights progress, areas of weakness/support and details where comments on conduct have been provided. Evidence of feedback given will allow you to achieve 'Good' in this element. To achieve 'Outstanding' additionally there must be documented feedback where failure of summative assessments have occurred. This should include a narrative of the additional training and coaching that has been undertaken before the resit, and reasons why the assessor and trainee believe the assessment was failed.

3.1f - Records of assessment problems

This element relates to the procedures in place for identifying and dealing with issues such as malpractice, or appeals made by trainees regarding assessment fails (as set out for 1.1c). It may be that there have been no issues to date so that this is not applicable.

Where there have been issues, there will be evidence of how documented procedures have been followed to achieve 'Good'. To gain 'Outstanding' in this element the findings of the assessment problem should feed into your continuous review to ensure the issue can be prevented from re-occurring in the future.

3.1f – Not applicable – if you are unable to evidence 3.1f as occurrences have not occurred. Tick the not applicable box. This element will not be included within your final overall grade. The CAA may be aware of occurrences and your EQA may discuss these during your visit.

CAP 2203 Quality Guidance Manual – Exemplars include an example of a training record template, self declaration of trainee support needs form and a tracking template. There is also guidance on diagnostic assessment and joining instructions .

Aspect 3.2 Certification

This aspect is about your training records, your procedures for completing them and if applicable how certificates are issued and tracked.

Certificate Issue - There is no requirement in regulation EU2015/1998 (as retained in UK law) to issue certificates. It is recommended that certificates are issued as they show achievements of the trainee and can be used to demonstrate that an individual has undergone training in a discipline to future employers. It may also be a useful way to motivate staff by creating a 'graduation' ceremony at the end of training to congratulate trainees on their achievements. If you choose not to issue certificates you will be automatically awarded 'Good' for this aspect.

Certificates are also useful for Airport ID Card offices for demonstrating the requirements of GSAT (or equivalent) by an applicant.

3.2a – Documented procedures for issuing certificates.

To achieve 'Good', certificates if issued must be recorded. There should be a central record of all certificates issued including certificate issue numbers issue date and to whom. If certificates are not issued, training records should be clearly completed and detailed. To achieve 'Outstanding', certificates must be issued and there must also be a procedure in place for how certificates are issued and recorded.

3.2b – Format of certificates

Whilst you are free to choose if you issue certificates and how they look, to achieve 'Good,' certificates must include all elements of the DfT template. To gain 'Outstanding,' the DfT template must be used. This can be obtained from the CAA.

Quality Guidance Manual – Exemplars include a certificate tracking document and image of the DfT certificate template. Guidance includes the format of certificates and how to record the issue of certificates.

Chapter 3

Understanding the CAA Framework - Performance Based Oversight (PBO)

Performance Based Oversight (PBO)

This section relates to training providers who have already completed at least one visit by an External Quality Assurer. Please see Chapter 2 for more information for training providers who are new/not in scope or awaiting their first visits.

Please contact the CAA for the QAF PBO Self-Assessment Report Form

PBO is the next phase of the Quality Assurance Framework (QAF). Complementing the PBO approaches being implemented by cyber security and SeMS, PBO will allow training providers to manage their own performance and have this reflected in the frequency of QAF visits by the CAA. PBO allows the CAA to target its resources and support where needed whilst giving those providers who perform well the flexibility and assurances to continue with less oversight in the training area from the CAA.

The CAA will not conduct desktop reviews for PBO providers who have not met baseline standards. Instead, visits will be more frequent (see chapter 1) and each visit will incur a visit charge. The CAA may change the visit frequencies should concerns by compliance auditors or stakeholders be raised about the performance of a training provider.

The following provides an overview of the differences and additions to the framework requirements for PBO compared to that of 1st Visits. Providers should continue to review chapter 2 of this document and the Quality Guidance Manual in addition to chapter 3.

Appendix d – This may be useful to support in the criteria for meeting PBO visits and understand how the overall grade is achieved.

Overview of changes to the framework for PBO

For PBO providers the CAA have produced a new Self-Assessment Report (SAR) form which will provide more guidance on the criteria the EQA will use when making decisions in the PBO phase. The six aspects of the Quality Assurance Framework remain the same, however a summary of areas identified as strengths and areas for development/continued

improvement will be required for each of the 6 aspects. This will help training providers to identify support areas where the EQA can support and develop further.

The CAA have also added additional elements, increased baseline requirements within elements and made some non-critical aspects critical to raise the standard required to meet each grade. There is also an additional requirement for training providers to submit their quality assurance strategy with their Self Assessment Report (SAR) form.

ASM syllabus

PBO providers registered to deliver the Aviation Security Manager (ASM) syllabus will be asked to produce evidence and documentation at their next visit relating to ASM modules and learning outcomes. The current 2019 ASM syllabus (specific mandatory condition 8b) states that only providers who have achieved 'Good with Outstanding Features' or higher can deliver this training. To continue to deliver ASM training an overall grade of at least 'Good with Outstanding Features' must be achieved and maintained. If a provider is unable to achieve this requirement they will receive an additional visit within 6 months.

GSO/GSS/Aircrew

For training providers who do not deliver ASM, the CAA will continue to sample documentary evidence from the syllabuses registered. The EQA will sample the modules and learning outcomes from one syllabus delivered by the provider.

EQAs

Where possible the CAA will ensure the same EQA is available for visit as feedback has suggested that providers appreciate the relationships that have started to be built. If a provider would prefer an alternate EQA please contact the CAA.

Remote visits

PBO visits will be conducted remotely via video conferencing, email and/or telephone. The CAA has conducted a series of these in the summer of 2020 with positive feedback. Remote visits provide more flexibility and a safe working environment for all. Please contact the CAA if it is believed a remote visit is not feasible.

Self-Assessment

Self-assessment is fundamental as the QAF moves into the next phase, as it is a core element of a performance based oversight regime. With the potential for less CAA oversight as visit frequencies reduce where performance is assessed as 'Good with Outstanding Features' or 'Outstanding' it is important that providers can demonstrate their self-assessment, review and evaluative skills.

New: Aspect 2.2g

Visits in the PBO phase will include an additional element within 2.2 for the EQA to assess the quality of a provider's self-assessment report (SAR) form. To gain 'Good' in this new element the SAR must have some evidence of reflection and evaluation focusing on strengths. To gain Outstanding the SAR must also provide a self-critical analysis drawing

on recommendations from previous EQA feedback and identify areas where continuous improvement/development is desired/required.

2.2g Self-Assessment Report form – 2.2g is not included with the SAR. This element is judged purely by the EQA in relation to your self-assessment and the criteria.

New: The Self-Assessment Report form

The Self Assessment Report form has been revised to include the collection of data of trainee numbers broken down by syllabus and initial/ recurrent training. This data will be used internally by the CAA to understand trainee numbers within aviation security.

To assist in making decisions on self-assessed grades for each element, the same criteria that the EQA will use to assess against and give a grade is used. Please use the criteria to collate evidence and select the criteria where evidence is available. Each element is made up of three criteria achieved by removing repetitive criteria whilst merging other criteria together. Each element must be graded by selecting from the drop down box at the top of each aspect.

Table C explains how element grades are determined based on the number of criteria selected. Criteria of an element selected (Criteria 1-3) Grade achieved

0 element criteria selected	Requires Improvement
1st Element criteria selected only	Good
All 3 element criteria selected	Outstanding

Note: If element criteria 2 and/or 3 are selected by element criteria 1 is not 'Requires Improvement' must be achieved. This is because the 1 criteria of an element is fundamental to the basics principle of the framework.

It is possible at the PBO stage for overall grades to change. For example a provider may be 'Good' at one visit and then 'Requires Improvement' at the next. Quality assurance is an ongoing process of continuous improvement and if after having reached the minimum standard one year a provider ceases to apply their quality assurance standards going forward, it is possible that the minimum requirements will not be met at the next visit. It is also possible that the additional or strengthen criteria could affect the overall grade at the PBPO stage.

New and revised elements

Elements

Elements have been amended, removed and added. Some non-critical elements are now critical. – (This may affect your overall grade as more elements will now require at least a 'Good' grading to gain an overall 'Good' grade).

1.2 Assessment and Training Materials

Revised: 1.2a-1.2d

This aspect now includes assessment and training materials used for Computer Based Training (CBT/E-learning) including remote training via web based software.

Revised: 1.2d File Management

A written policy for version control and file management with evidence of its implementation is required to reach 'Outstanding' in this aspect.

NEW: 1.2e Syllabus and Assessment Compliance

The EQA will sample:

- 10 random learning outcomes from the syllabus across all modules delivered and ask for evidence of how these are met through training materials.
- 10 random written questions from the syllabus assessment strategy across all modules delivered to ensure they meet the strategy.
- 1 practical assessment undertaken to ensure it meets the assessment strategy.

2.1 Resources

Revised: 2.1c New/Transferring/Contracted staff

This element is now applicable to all training providers and explores contingency planning for short notice absence and a pro-active approach to introducing new, transferring or contracted staff to deliver training. For independent providers this could be a plan for a meeting prior to staff being contracted where policies, procedures and training materials are discussed.

NEW: 2.1e Recognition of Competence (RoC) staff (if applicable)

Where a provider is registered as a RoC organisation or a CIN linked to the provider is responsible for RoC staff this element assesses how RoC staff are inducted, undertake CPD and are monitored through quality assurance activities.

NEW: 2.1f On-Job-Training staff (if applicable)

Where a provider utilises on-job-training competent staff this element assesses how staff are recruited to the role, inducted and monitored through quality assurance activities.

2.2 Quality Assurance and Self-Assessment

Revised: 2.2a & 2.2c

This aspect now includes quality assurance of Computer Based Training (CBT/E-learning) including remote training via web based software.

Revised: 2.2c Quality Assurance of Assessment and Training Materials

This element is expanded to check that implementation of the quality assurance strategy has been undertaken. The EQA will use the pre-submitted quality assurance strategy to ensure that the strategy matches the quality assurance activities undertaken during the last year. In addition the EQA will be looking for detailed constructive feedback completed during IQA activities and how findings are included within course evaluations.

Revised: 2.2d Standardisation

This is applicable to all providers with the objective of ensuring that consistent and fair decisions are made by an assessor and where decisions are made by more than one assessor. A standard for making assessment decisions should be formalised for this reason. In addition the process for undertaking assessments should be formalised. This could be a trainee/assessor brief or a procedure for conducting assessments.

Revised: 2.2e Quality Assurance of Training Delivery and Assessment Decisions

This element is expanded to check that implementation of the quality assurance strategy has been undertaken. The EQA will use the pre-submitted quality assurance strategy to ensure that the strategy matches the quality assurance activities undertaken during the last year. In addition the EQA will be looking for detailed constructive feedback completed during IQA activities and how findings are included within course evaluations.

3.2 Certification

Revised: 3.2a & 3.2b

Training records and certification have been separated to allow those training providers who do not issue certificates to be recognised for their performance in completing training

records. Good practice is demonstrated through the issue of certificates, however a training provider choosing not to issue certificates will still be able to achieve 'Good' in this aspect. 'Outstanding' will still only be awarded to those providers who demonstrate best practice through the issuing of electronic or paper certificates to trainees.

Declaration

The CAA has introduced a declaration for the person responsible for the Self-Assessment Report form to complete prior to submitting. The declaration confirms that the information in the SAR is a true overview of the training provider at the time of completing the SAR.

Guidance – You may find previous Self-Assessment Report forms and QA Visit Reports completed by the CAA useful when preparing for your next visit.

APPENDIX A**Abbreviations**

Abbreviations	
AvSec	Aviation Security
CBT	Computer Based Training (e-learning)
CIN	Certificated Instructor Number
CPD	Continuing Professional Development
CTC	Counter Terrorism Check
DfT	Department for Transport
EQA	External Quality Assurer
HR	Human Resources
IQA	Internal Quality Assurer (Role) / Internal Quality Assurance (Activity)
NASP	National Aviation Security Programme
QA	Quality Assurance
QAF	Quality Assurance Framework
RoC	Recognition of Competence
SAR	Self-Assessment Report form

APPENDIX B**Registering as a training provider – Common scenarios**

The principle of the registration and Quality Assurance Framework is that each instructor must at all times be linked to at least one CAA-Registered Training Provider and only work under the quality assurance 'umbrella' of a provider – though they can work for more than one CAA-Registered Training Providers at one time.

If two Certificated Instructors only ever work together and wish to have one identical quality assurance process in place, they should register as one CAA-Registered Training Provider. If they wish to register as two separate providers, they must each have their own quality assurance process in place.

If an instructor is linked to a CAA-Registered Training Provider, the provider takes responsibility for the quality assurance of the instructor and their work. This would be checked during CAA visits.

The following table details specific scenarios based on questions we have been asked about individual situations. If you still cannot find a scenario that fits your needs, please contact avsec.qa@avsec.caa.co.uk for guidance.

Situation	Example	Applicable registration
Certificated Instructor - Independent ³	An individual instructor who delivers AvSec training and does not employ/contract other instructors.	The independent instructor needs to register as a training provider and have their own quality assurance measures in place.
Certificated Instructor – employs/contracts other instructors, who only work for them (and never as their own provider)	A Certificated Instructor who runs training provider A and employs/contracts at least one other instructor.	Training provider A registers as a provider and all instructors working for them should be linked to training provider A . The linked instructors do not need to register as their own provider (they are covered by the registration and quality assurance measures of training provider A).
Certificated Instructor – employs/contracts other staff, who also work for other instructors (but never as an independent instructor)	Instructor X is employed/contracted by training provider A as well as training provider B , but only every works for one of the two providers and never as an independent instructor.	Training providers A and B should register and instructor X should be linked to both of them. Instructor X does not need to register as a training provider and is covered by the registration (and therefore quality assurances measures) of either provider when they conduct work.
Certificated Instructor – employs/contracts other instructors, who also work as an independent instructor (regularly or occasionally)	Instructor X works for training provider A and also sometimes works as an independent instructor.	<p>Training provider A registers as the provider and all instructors working for them should be linked to them. Instructor X also needs to register as their own training provider and have their own quality assurance processes in place which they would work under when working as an independent instructor.</p> <p>Instructor X must work under training provider A's quality assurance whilst conducting training for training provider A</p>
Certificated Instructor - employed/contracted by a training provider or a regulated entity	Instructor X only works for training provider A , who is a training organisation/regulated entity.	Training provider A should register as a provider, and instructor X should be linked to them. Instructor X does not need to register as their own provider (they are covered by the registration and quality assurance measures of training provider A).
An instructor recognised as competent (ROC number)	Instructor Y (ROC) is recognised as competent and works under Certificated Instructor X .	Certificated Instructor X is responsible for determining their registration status – Instructor Y (ROC) remains linked to them and does not need to register separately as a training provider. The quality assurances processes of certificated Instructor X must cover Instructor Y (ROC) .

³ An independent instructor under this framework is an instructor who works by themselves and does not contract or employ other instructors.

APPENDIX C

Grade Matrix 1st Visit

The EQA will go through the form grading each section and agreeing this with you based on evidence seen. Tick the grade achieved against the element being graded in either the critical table or the non-critical table. At the end, add up the number of ticks in each column to work out your indicative grading against the grade table below. The final grade will be confirmed by the CAA five working days after the quality assurance visit and may differ to any indicative grade the EQA may choose to provide on the visit day.

Critical	Requires Improvement	Good	Outstanding
1.1b*			
1.1c*			
1.2b*			
1.2c*			
2.1b*			
2.1d*			
2.2a*			
2.2c*			
2.2e*			
2.2g*			
3.1c*			
Overall	Grading		

Non-Critical	Requires Improvement	Good	Outstanding
1.1a			
1.2a			
1.2d			
2.1a			
2.1c			
2.2b			
2.2d			
2.2f			
3.1a			
3.1b			
3.1d			
3.1e			
3.1f			
3.2a			
3.2b			
Overall	Grading		

Requires Improvement	At least one critical element or more than five non-critical elements 'Require Improvement',
Good	All critical elements are at least 'Good' and no more than five non-critical elements 'Require Improvement'.
Good with Outstanding Features	No elements 'Require Improvement' and at least five elements are 'Outstanding'
Outstanding	All elements are 'Outstanding' however a maximum of 5 non-critical elements can be Good

APPENDIX D

Grade Matrix PBO Visit

The EQA will go through the form grading each section and agreeing this with you based on evidence seen. Tick the grade achieved against the aspect being graded in either the critical table or the non-critical table. At the end, add up the number of ticks in each column to work out your indicative grading against the grade table below. The final grade will be confirmed by the CAA five working days after the quality assurance visit and may change to any indicative grade the EQA may choose to provide on the visit day.

Critical	Requires Improvement	Good	Outstanding
1.1b ^a			
1.1c ^a			
1.2b ^a			
1.2c ^a			
1.2d ^a			
1.2e ^a			
2.1b ^a			
2.1d ^a			
2.1g ^a			
2.2a ^a			
2.2c ^a			
2.2e ^a			
2.2f ^a			
3.1a ^a			
3.1b ^a			
3.1c ^a			
3.2a ^a			
Overall	Grading		

Non-Critical	Requires Improvement	Good	Outstanding
1.1a			
1.2a			
2.1a			
2.1c			
2.1e			
2.1f			
2.2b			
2.2d			
3.1d			
3.2b			
Overall	Grading		

Requires Improvement At least one critical element or more than five non-critical elements 'Require Improvement',

Good All critical elements are at least 'Good' and no more than five non-critical elements 'Require Improvement'.

Good with Outstanding Features No elements 'Require Improvement' and at least five elements are 'Outstanding'

Outstanding All elements are 'Outstanding' however a maximum of 5 non-critical elements can be Good